



Illinois Department of Revenue

Taxpayer ID# _____

Name _____

Phone _____

CPP-1-A ACH Authorization

Please read - Complete this form to participate in the Automated Clearing House (ACH) debit program.

Step 1: Financial institution and account information

☐ Checking **or** ☐ Savings

Financial institution's name _____

Mailing address _____

City _____ State _____ ZIP _____

Names on the account _____

Routing number _____

Account number _____

Step 2: Signature authorization for taxpayer, authorized officer, or partner

The Illinois Department of Revenue is authorized to use the information on this form to make monthly withdrawals from the account listed in Step 1 in accordance with the Department of Revenue Law of the Civil Administrative Code of Illinois and all applicable Illinois tax acts. This authorization shall remain in force until the department receives written notification from the taxpayer.

Your signature

Date